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C4ME Supplement

Reflective practice in the C21 curriculum

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Link to YouTube Video:
https://www.youtube.com/watch?v=MegVfgH0Gbw

Background

Reflective practice (RP) contributes to the development of practising doctors, both professionally and personally. UK doctors must provide evidence of reflection in order to maintain registration, in accordance with General Medical Council (GMC) guidelines. (1) The GMC encourages students and professionals to utilise a wide variety of reflective tools, citing methods such as poetry, journal-writing and facilitated forums as examples. (2) Further literature demonstrates the plethora of reflective models and methods available, with variations continuing to develop as reflection is increasingly recognised for its role in patient care and medical professional wellbeing. (2, 3)

The GMC states RP is personal and there is "no set way" to reflect. Cardiff University's School of Medicine (CUSOM) takes a different approach, historically offering students one reflective approach within the MBBCh curriculum ('C21'); reflective writing. (2, 4) This creates a narrow scope of opportunity for students to explore their preferred reflective styles, limiting students during their medical education. CUSOM student perceptions on RP were last assessed in 2006, before introduction of the revised C21 curriculum in 2013. (5) Thus, the study aimed to gather student perceptions on current RP in C21 and establish how students wish to develop their RP during their medical education.

Methods

A mixed-methods approach was undertaken in order to gather and analyse students' perceptions on RP. Quantitative data was primarily collected from Likert-scaled responses within a questionnaire (OnlineSurveys). Qualitative data was captured from survey free-text responses and two subsequent focus groups, providing contextual insight to quantitative data.

The survey was distributed to all current Medicine MBBCh students at CUSOM (years 1-5, including intercalating students, n=1589) and remained open for four weeks. Students voluntarily self-selected to complete the survey and partake in focus groups. Quantitative data was analysed using SPSS software, and qualitative data was thematically analysed using NVivo software following Braun and Clarke's steps. (6)

Ethical approval from CUSOM's Research Ethics Committee was sought and approved on 28/11/2019. Other ethical considerations were upheld throughout, including adhering to data protection guidelines, maintaining of student confidentiality and anonymisation of data.

Results

Overall, 100 participants responded to the survey and 19 subsequently participated in focus groups. Students predominantly valued reflection for students and professionals, agreeing both parties should engage with RP (96% and 99% respectively).

Students rated reflective techniques. Most deemed verbal reflection superior; between 85-97% students perceived various verbal reflective techniques (peer/tutor-led, group/one-to-one discussions) as useful. Reflective writing within C21 was ranked 6th most useful (84%). Most students (85%) expressed desire for formal implementation of alternative reflective methods into their curriculum, particularly recommending introduction of explicit spaces for verbal RP.

Currently students are provided with numerical 'marks' for their reflections within C21. Many supported continuation of RP's assessment in order to encourage engagement with the process. However, most suggested the protocol be revised to a 'pass/fail' assessment, with recurring arguments referring to personal aspects of reflection and areas of subjectivity (between numerous assessors, varying student ability to write effectively etc.).

A lack of education on reflection, particularly relating to its role in revalidation and how best to gain from RP, was a recurring theme. Less than two thirds (62%) were aware the GMC actively encourages students and professionals to reflect in ways they prefer.

Additional recurring themes posed by students appeared to overlap and interplay (**Figure 1**). Most centered around the perceived value of RP, its problems, RP as an assessment and preferred current RP techniques versus proposed alternative methods.

Discussion

Students' perceptions generally reflected those illustrated in literature, particularly their understanding of reflection's value and role in promoting deeper learning, wellbeing, contextualising learning experiences and its contribution to patient care improvement. (2, 3, 7) However, students expressed lack of RP education. Greater understanding of the reflective process is linked to more effective learning, supporting students' recommendations for increased education. (8)

Students highlighted a lack of variety of reflective tools available to them, contrary to GMC recommendations. (2) Recurrent feelings of restriction contribute to RP's shift to a "tick-box exercise" – a sentiment echoed in literature. (9) Whilst reflective writing is promoted in C21, it is not necessarily the preferred reflective method implying students' reflective needs are not currently met. More can be done to accommodate individual learning styles. The complexity of RP assessment was acknowledged, but most agreed RP should remain summatively assessed to maintain engagement and "drive learning", mirroring similar studies. (5, 9) Students implied formative RP would lead to decreased student participation effectively limiting the potential benefits to be gained from reflection.

I thereby propose the following recommendations to CUSOM:

1. Increase RP education.
2. Introduce formal alternative RP methods and allow students to choose their preferred reflective styles.
3. Revise RP assessment (for example, modification to pass/fail), accommodating alternative RP methods.

Lessons Learnt

This study was my first experience of medical education research and mixed-methods data analysis. I encountered various personal challenges, however, persevered and ultimately developed transferrable research skills for my career.

I felt equally anxious and eager to begin. Researching RP indirectly led to a personal cycle of reflecting on reflection and I found myself discovering benefits. One particular challenge concerned my role as a medical student - I had opinions on RP with power to influence outcomes. I was conscious of introducing bias but attempted to minimise this by keeping a reflexive log.

I believe I achieved minimal influence, through initiatives such as avoiding leading questions and double coding data. Researcher bias is a common obstacle in studies of particular interest to their author and can reduce validity of results, particularly with qualitative research. (10) Steps can be implemented to reduce effects of this bias and ensure robust conclusions are drawn.

The project enabled me to develop research skills and gain greater understanding of the work involved in developing undergraduate medical curricula. I have personally realised reflection's value as an outlet and resource for professional and personal development.

I hope to build on this project and further explore the role of alternative RP techniques in C21. I plan on implementing reflective tools I have discovered, introducing reflection into more aspects of my life.

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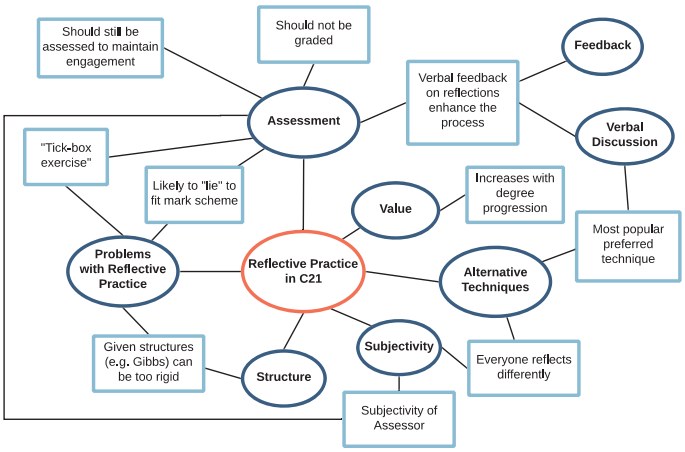
Figure 1: A summary of key themes drawn from collected data



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